

Rose Hill PTC
Reimbursement Request

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address _____

Your check will be mailed to you, unless you request differently.

Date Mailed _____

Fundraiser/Account _____ Amount \$ _____

Reason for Reimbursement _____

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____
